



EMPLOYMENT APPLICATION

An Equal Opportunity Employer



READ CAREFULLY

1. Type or print clearly all answers in **INK**.
2. **Complete all sections**. Submit one (1) application to apply for one or multiple posted positions. Resume and support documents may be attached.
3. Be accurate. To be considered for employment, you must meet minimum job requirements. Any false statement may be grounds for the disqualification of applicant or the loss of subsequent employment.
4. The City of Galveston requires a pre-job offer **drug screening test** and a **post-offer medical examination**. The results of this medical examination will not be used to exclude an employee from his or her position, unless the results reveal the employee does not satisfy the employment criteria for the position and the City cannot provide reasonable accommodation which will allow the employee to perform the essential functions of the position.
5. All non-Civil Service employees serve a **six-month test and review period**, subject to the discretion of the City of Galveston, and if during this probationary period it is found the employee is not useful, competent or adapted to the work required by the position, the employee may be dismissed.
6. Some positions, because of the nature of their responsibility, may be classified essential and have a specified response time to report to work or have assigned duties to perform in connection with a general emergency, and these employees may be required to be available before, during and/or immediately after a general emergency situation, (i.e. a hurricane, etc.).
7. All applicants will be considered for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applying For: _____

Type of Employment: _____ Full Time _____ Part Time _____ Temporary/Seasonal

PERSONAL

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET APT#

CITY: _____ STATE: _____ ZIP CODE: _____

PREFERRED CONTACT PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS (OPTIONAL) _____

ARE YOU RELATED BY BLOOD, MARRIAGE OR IN A SIGNIFICANT RELATIONSHIP WITH/TO THE MAYOR, ANY COUNCIL MEMBER, OFFICIAL OR EMPLOYEE OF THE CITY OF GALVESTON?

YES ____ NO ____ IF YES, LIST NAMES AND RELATIONSHIPS:

EDUCATION AND TRAINING

Do you have a High School Diploma? Yes ____ No ____ If no, have you passed a G.E.D. Test? Yes ____ No ____
List the highest grade completed _____

| | Name of Institution Include City/State | DATES | | Major/Minor | Degree Conferred Hours Completed And/or Certification |
|-----------------------------------|---|---------------|-------------|-------------|---|
| | | From Mo/Yr | To Mo/Yr | | |
| COLLEGES OR UNIVERSITIES | | | | | |
| | | | | | |
| BUSINESS OR VOCATIONAL SCHOOLS | | | | | |
| | | | | | |
| MILITARY TRAINING | | | | | |
| | | | | | |
| OTHER SCHOOLING/ TRAINING | | | | | |
| | | | | | |

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you believe will be helpful to us in considering your application.

Are you a licensed or certified member of a profession or trade? Yes ____ No ____

If YES, list _____

PERSONAL REFERENCES (Do not list relatives or previous employers)

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
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EMPLOYMENT EXPERIENCE

List complete employment experience, including military and previous employment with the City; beginning with your present or last employer.

| | | | |
|---------------------|-----------|-------------------|--------------------------|
| Employer: | | Address: | |
| City, State | Zip Code: | Phone No. | |
| Supervisor's Name: | | Full Time | Part Time Temporary |
| Employed From: | To: | Salary: Starting: | Upon Leaving: |
| Job Title: | | Job Description: | |
| | | | |
| Reason For Leaving: | | | |
| Employer: | | Address: | |
| City, State | Zip Code: | Phone No. | |
| Supervisor's Name: | | Full Time | Part Time Temporary |
| Employed From: | To: | Salary: Starting: | Upon Leaving: |
| Job Title: | | Job Description: | |
| | | | |
| Reason For Leaving: | | | |
| Employer: | | Address: | |
| City, State | Zip Code: | Phone No. | |
| Supervisor's Name: | | Full Time | Part Time Temporary |
| Employed From: | To: | Salary: Starting: | Upon Leaving: |
| Job Title: | | Job Description: | |
| | | | |
| Reason For Leaving: | | | |
| Employer: | | Address: | |
| City, State | Zip Code: | Phone No. | |
| Supervisor's Name: | | Full Time | Part Time Temporary |
| Employed From: | To: | Salary: Starting: | Upon Leaving: |
| Job Title: | | Job Description: | |
| | | | |
| Reason For Leaving: | | | |

* If more space is required, please attach additional page(s).

EMPLOYMENT QUESTIONS

1. Have you ever applied for employment with the City of Galveston? Yes ____ No ____ If Yes, give date: _____
2. Have you ever worked for the City of Galveston? Yes ____ No ____ If Yes, list department and dates worked below:
What name if different from above? _____

| Dates | Department |
|-------|------------|
| | |
| | |

3. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ____ No ____
4. Are you eligible to work in the United States without sponsorship? Yes ____ No ____ (proof of eligibility will be required upon employment)
5. Have you ever been fired? Yes ____ No ____ If Yes, explain:

| |
|--|
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| |

6. Are you currently employed? Yes ____ No ____
7. On what date would you be available to begin work? _____

DRIVING INFORMATION

1. Do you have a valid Texas Driver's License? Yes ____ No ____ If Yes, what Class? _____
If no, do you have a valid Texas Identification card? Yes ____ No ____
2. Has your driver's license **ever** been suspended or revoked? Yes ____ No ____
If YES, provide the date, location and reason for suspension or revocation.

| Date | Location | Reason |
|------|----------|--------|
| | | |
| | | |

List all moving traffic citations you have received in the past five (5) years:

| Month/Year | Charge | City/State | Disposition |
|------------|--------|------------|-------------|
| | | | |
| | | | |
| | | | |

Describe briefly any traffic accidents in which you have been involved, giving approximate dates and locations:

| Traffic Accident | Approximate Date | Location |
|------------------|------------------|----------|
| | | |
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MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes _____ No _____

If YES, Date of Service: From _____ To _____

Branch of Service: _____ Highest Rank Held: _____

Type of Discharge: _____

If you received a discharge other than Honorable, give complete details.

Details: _____

If you answered Yes to the above, were you ever disciplined while in the military service (Include Courts Martial, Captains' Masts, Company Punishments, etc.)? Yes _____ No _____

| Charge | Agency | Age at Time | Disposition |
|--------|--------|-------------|-------------|
| | | | |
| | | | |

MISDEMEANOR AND FELONY CRIME CONVICTIONS

NOTE: A conviction record, probation or deferred adjudication does not automatically eliminate you as a candidate. What you were convicted of and how long ago are important. Give all of the facts so a decision can be made. Any misstatement or omission of facts in this application may be justification for refusal or, if employed, termination of employment.

Have you ever been convicted of a felony crime? Yes _____ No _____ If Yes, explain:

| Offense Charged | Police agency, City and State | Date | Disposition of Case |
|-----------------|-------------------------------|------|---------------------|
| | | | |
| | | | |

Have you ever been convicted of a misdemeanor crime? Yes _____ No _____ If Yes, explain:

| Offense Charged | Police agency, City and State | Date | Disposition of Case |
|-----------------|-------------------------------|------|---------------------|
| | | | |
| | | | |

Are you currently under indictment, awaiting trial, on probation, or serving a period of deferred adjudication for any criminal offense? Yes _____ No _____; If YES, explain:

Explanation: _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Galveston and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Galveston unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Galveston retains the same right.

I understand that prior to being offered employment with the City of Galveston, I will be tested for use of illegal drugs and after a job is rendered me, I must undergo a medical examination. In the event I have a disability that will affect my ability to take these tests, I will so inform the City of Galveston prior to the administration of the tests so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Galveston reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

Signature of Applicant

Date

**Human Resources Department
823 Rosenberg, Room 306
Galveston, TX 77550
(409) 797-3650/ (409) 797-3651 fax**